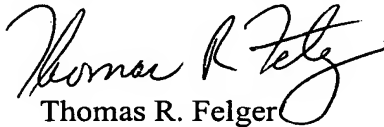


Enclosed is a check in the amount of \$1,488.00 to satisfy filing fee requirements under 37 C.F.R. § 1.16. Please charge any additional fees or credit any overpayment to Deposit Account No. 02-0384 of BAKER BOTTS L.L.P.

Respectfully submitted,  
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE


In re Application of: David S. Ruch and Richard M. Bryant  
Filing Date: November 13, 2003  
Title: Apparatus and Method for Maintaining Bones in a Healing Position

**Mail Stop Patent Application**  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

**CERTIFICATE OF MAILING BY EXPRESS MAIL**

I hereby certify that the attached Transmittal, filing fee check in the Amount of \$1,488.00, Patent Application, Formal Drawings; Information Disclosure Statement, PTO Form 1449 and Postcard are being deposited with the United States Postal Service under 37 C.F.R. 1.10 on this 13th day of November, 2003, and is addressed to Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

  
Jay Howard

Express Mail Label No.:  
**EV334588938US**  
Attorney Docket:  
090928.A197

**APPLICATION FOR U.S. PATENT UNDER 37 C.F.R. 1.53(b)  
TRANSMITTAL FORM**

**Mail Stop Patent Application**  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

6834 U.S. PTO  
10/712574  
11303

Sir:

Transmitted herewith for filing is the patent application of:

Inventors: David S. Ruch and Richard M. Bryant

**Title:**           *Apparatus and Method for Maintaining Bones in a Healing  
Position*

**Priority Data:** THIS APPLICATION CLAIMS THE BENEFIT OF U.S. PROVISIONAL  
APPLICATION NO. 60/426,505 FILED NOVEMBER 15, 2002

Enclosed are:         X             Specification (30 Pages)  
                            X             Drawings (5 Sheets Formal)

  X     Information Disclosure Statement and PTO Form 1449 (3 Pages) without  
References

  X     Certificate of Mailing (1 Page)

  X     Return Receipt Postcard

Applicant is a large entity.

FEE CALCULATION					FEE
	Number		Number Extra	Rate	Basic Fee
					\$770.00
Total Claims	36	-20 =	+16	X \$18 =	\$288.00
Independent Claims	8	-3 =	5	X \$86 =	\$430.00
TOTAL FILING FEE =					\$1488.00